

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance WN CLERK'S OFFICE ARLINGTON. MA 02174

of Massachusetts	File With City of Bown Clerk of Election Commission				
Fill in Reporting Period dates: Beginning Date:	Ending Date: 3/24/16				
Type of Report: (Check one)	RECEIVED				
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution				
Candidate Full Name (if applicable) SOLECTION AN Office Sought and District	Committee B RELLET KEVINF. GREELEY Committee Name ELTZA BETH GREELEY Name of Committee Treasurer				
363 MYSTEC ST. ARLTVGTON MA Residential Address	363 MYSTIC ST. ARLINGTON MA Committee Mailing Address				
E-mail: greeleycom@Ad.com	E-mail: greeleycom@ ADL. Com				
Phone # (optional): 617.759. 2200	Phone # (optional): 617.759. 2200				
SUMMARY BALANC	CE INEODMATION.				
SUMMANT DALANG	SE INFORMATION.				
Line 1: Ending Balance from previous report	950.00				
Line 2: Total receipts this period (page 3, line 11	\$ 5,050.00				
Line 3: Subtotal (line 1 plus line 2)	\$5,100.00				
Line 4: Total expenditures this period (page 5, lin	ne 14) #1026.77				
Line 5: Ending Balance (line 3 minus line 4)	A 4,013.23				
Line 6: Total in-kind contributions this period (pa	age 6)				
Line 7: Total (all) outstanding liabilities (page 7)	91,500.00				
Line 8: Name of bank(s) used: TO BANK	880 MASS AVE. ARLINGTON				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature) Date: Date:					
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acting under the authority or on my behalf during this reporting incurred any liabilities nor made any expenditures on my behalf during this reporting	be best of my knowledge and belief, a true and complete statement of all campaign finance ccordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.				
Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief, a true and complete statement of all campaign is, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury: The Fleely	(Candidate's signature) Date: 3 26 16				

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	CIEC ANTA HEA		
	SEE ATTACHES		
	SEE ATTACHED LISTING		
			χ .
ine 9: Total Recei	pts over \$50 (or listed above)	13,950.00	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	#1,100.00	
ne 11: TOTAL D	ECEIPTS IN THE PERIOD	A Com	(- F)
ne iii i O i ALi N	ECEMISM THE LEMOS	9 5 050.00	← Enter on page 1, line 2

Re-Elect Greeley Campaign Contributions 2016 – March 24, 2016

<u>Name</u>	ADDRESS	<u>AMT</u>
John & Liz Bilafer	15 Victoria Road	250
John & Mary Deyst Paul Dooley	26 Upland Road West 8 Mohawk Road	200 100
Tom Fitzgerald Fran & Jane Foley Charlie & Maryann Foskett	67 Stowecroft Rd 1182 Mass Ave 101 Brantwood	100 100 100
Joseph T. Greeley	56 Comm. Ave #1005, Boston 02215	250
Ms Jane Howard Jack & Dale Hurd	12 Woodland St 38 Spy Pond Parkway	75 200
Keefe Family Paul Krepelka	5 Chestnut St 75 Appleton St	250 200
Robert & Maria Lalicata Jack & Matt Lepore Charlie Lyons Mary Lyons	151 Ridge St 68 Warren St 16 Emmons Way, Methuen 01844 11 Park Ave Ext	100 125 200 200
Robert Mirak Steve & Heidi McKenna Richard & Maureen Murray	7839 Allen Robertson Place Sarasota, FL 34240 4 Upland Road 990 Mass Ave #85	200 100 100
Jim & Lucille Nicholson	26 Day Circle, Woburn, 01801	100
Mary Winstanley O'Connor	781 Concord Turnpike	250
Dick & Charlene Ronan	52 Thesda St	100
Ed Starr	7 Twin Circle Drive	100
Gary & Mary Tibbetts	15 University Rd	100
Jim Tracy Paul Turano	79 Hood Rd Tewksbury, MA 01876 689 Mass Ave	200 250

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
3/25	MAHONEY'S	242 CAMBRIGGE ST. WINCHESTER, MA	THANK YOUS, CENTERPIECE	427.50	
3/1	SWIFTYS	1386 MASS AVE ARLINGTON, MA	MAILING	#177.50	
3/11	SWIFTYS	1386 MASS AVE ARLINGTON, MA	HAMOOUT CAROS	# 94.37	
3/16	SWIFTYS	1386 MASS AVE ARLINGTON MA	CAMPATION STENS	9/66.85	
3/11	U.S. POST OFFICE	ARTINGTON MA	5TAMPS	283.5D	
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)				\$177.05	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
		Line 15: In-Kind Contributions	over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	-6-	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
3/29	Canoacty	WOBORD, MA	MATITING	9500.00
	-			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				